

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED  
AND  
FILED

1997 FEB 12 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **H53087** (3)

1. Corporation Name  
**COMMNET FINANCIAL SERVICES, INC.**

Principal Place of Business <b>FDIC-100 COLONY SQ. BOX 68 STE 2300 ATLANTA GA 30361 US</b>	Mailing Address <b>FDIC-100 COLONY SQ. BOX 68 STE 2300 ATLANTA GA 30301-0068 US</b>
---	--

2. Principal Place of Business <b>21 FDIC 1201 W. Peachtree ST. N.E. Suite, Apt. #, etc. 22 Suite 1800 City &amp; State 23 Atlanta, GA Zip 24 30309</b>	2a. Mailing Address <b>26 FDIC 1201 W. Peachtree ST. N.E. Suite, Apt. #, etc. 27 Suite 1800 City &amp; State 28 Atlanta, GA Zip 29 30309</b>	Country <b>30 Fulton</b>
--	---	-----------------------------

3. Date Incorporated or Qualified <b>04/19/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2583117</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

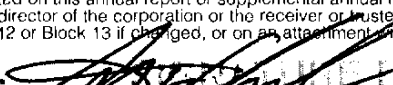
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33327</b>	10. Name and Address of New Registered Agent <b>81 Name 800002085618--5 82 Street Address (P.O. Box Number is Not Accepted) 02/12/97-01/09-007 *****165.00 *****165.00 83 800002085618--5 02/12/97-01/09-008 *****8.75L *****8.75 84 City</b>
---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME <b>DP</b> STREET ADDRESS <b>CHANDLER, SCOTT W</b> CITY-ST-ZIP <b>FDIC-100 COLONY SQ. BOX 68</b> <b>ATLANTA GA 30361</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>1201 W. Peachtree St., N.E., Suite 1800</b> 1.4 CITY-ST-ZIP <b>Atlanta, GA 30309</b>
TITLE <input type="checkbox"/> DELETE NAME <b>DVAS</b> STREET ADDRESS <b>RAY, PATRICIA J</b> CITY-ST-ZIP <b>FDIC-100 COLONY SQ. BOX 68</b> <b>ATLANTA GA 30361</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>1201 W. Peachtree St., N.E., Suite 1800</b> 2.4 CITY-ST-ZIP <b>Atlanta, GA 30309</b>
TITLE <input type="checkbox"/> DELETE NAME <b>DVAS</b> STREET ADDRESS <b>FARRELL, CHARLES P</b> CITY-ST-ZIP <b>FDIC-100 COLONY SQ. BOX 68</b> <b>ATLANTA GA 30361</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS <b>1201 W. Peachtree St., N.E., Suite 1800</b> 3.4 CITY-ST-ZIP <b>Atlanta, GA 30309</b>
TITLE <input type="checkbox"/> DELETE NAME <b>DST</b> STREET ADDRESS <b>ROSSETTI, JOHN P</b> CITY-ST-ZIP <b>FDIC-100 COLONY SQ. BOX 68</b> <b>ATLANTA GA 30361</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS <b>1201 W. Peachtree St., N.E., Suite 1800</b> 4.4 CITY-ST-ZIP <b>Atlanta, GA 30309</b>
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  **Scott W. Chandler, President** (404) 817-2571

CR2E034 (9/96)